

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Administration for Children, Youth and Families

**PLACEMENT PACKET CHECKLIST  
INFORMATION FOR OUT-OF-HOME CAREGIVERS**

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 CHILD'S NAME *(Last, First, M.I.)*


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 FOSTER PARENT'S NAME *(Last, First, M.I.)*


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 CASE MANAGER'S NAME

PHONE NO.

(      )

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 SUPERVISOR'S NAME

PHONE NO.

(      )

**Give to the caregiver at the time of placement, within 5 days or as soon as available**

- ☐ CHILDS Placement Packet (printable for Forms Registry), including:
- ☐ Child Placement Summary/Agreement, FC01100 [FC-011] (to be completed by case manager and signed by provider)
  - ☐ Notice to Provider (Medical) and (Educational) FC-06900 [FC-069] (to be completed by case manager)
  - ☐ Basic Wardrobe Checklist (to be completed by caregiver)
  - ☐ Child's Health and Medical Record, FC01400 [FC-014] (to be completed by caregiver)
  - ☐ Allowance Signoff Ledger, FC12800 [FC-128] (to be completed by caregiver)
  - ☐ Purchase Ledger, FC12600 [FC-126] (to be completed by caregiver)
  - ☐ Child's Contact Record, FC12700 [FC-127] (to be completed by caregiver)
  - ☐ Child Information Guide, FC13000 [FC-130] (to be completed by caregiver)
  - ☐ Foster Parent Wrap-up (Feedback on Services) FC12900 [FC-129-1,-2] (to be completed by caregiver)
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- ☐ Medical Summary Report (printable from Case Summary window) (signed by provider)
  - ☐ Child's medical I.D. card (CMDP card)
  - ☐ Copy of the Case Plan
  - ☐ Copy of child's immunization records
  - ☐ Copy of child's birth certificate
  - ☐ Copy of minute entries setting a future dependency or delinquency hearing re: the child
  - ☐ Copy of most recent FCRB report, if the initial review has been held
  - ☐ Child Information Guide (from CHILDS Placement Packet) completed by prior provider, if applicable
  - ☐ Basic Wardrobe Checklist completed by prior provider, if applicable
  - ☐ Significant Incident, FC-122 (5 copies)

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting (602) 542-3598.

- ☐ Verbal or written information (if not included in the Child Placement Summary, Medical Summary or other documents) regarding the child's:
  - ☐ Special needs and health condition
  - ☐ Behavioral and mental health concerns and any diagnosed conditions
  - ☐ Visitation plans
  - ☐ Transportation arrangements
  - ☐ Contact and visitation arrangements not listed on the Child Placement Summary/Agreement
  - ☐ Planned appointments and other agency involvement
  - ☐ Previous placement information
  - ☐ Cultural practices and religious involvement
  - ☐ Sexual orientation
  - ☐ Food and activity preferences
  - ☐ Educational history and needs
  - ☐ History of abuse or neglect that may affect the child's behavior or needs
  
- ☐ Information on policies and procedures regarding:
  - ☐ Contacting the case manager during and after business hours
  - ☐ Contacting the RBHA case manager, if applicable
  - ☐ Specific to the child, what the foster or kinship care family is expected to provide
  
- ☐ Information regarding medical consents, included that the provider is:
  - ☐ Authorized to consent to evaluation and treatment for emergency conditions that are not life threatening, and routine medical and dental treatment and procedures, including EPSDT services and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions;
  - ☐ Prohibited from consenting to general anesthesia, surgery, testing for HIV, blood transfusions, abortions or abortion related treatments; and
  - ☐ May give emergency consent if the emergency room physician or medical provider advises that immediate treatment is necessary and further delay of treatment in order to notify the Department is potentially harmful to the child.
  
- ☐ Ensure the caregiver has a copy of:
  - ☐ Department's discipline policy (Exhibit 15)
  - ☐ CMDP Member Handbook (HPM-394)
  - ☐ Foster Parent Handbook (DCYF/Policy Public Folder)
  - ☐ Kinship Foster Care booklet (ACY-1081A), if applicable
  - ☐ Questions and Answers About Youth Rights in Foster Care (PAC-533)